CITY OF FLAGSTAFF

CINDERLAKE AND INERT LANDFILLS

PERMISSION TO CHARGE TO ANOTHER COMPANY'S ACCOUNT

Please complete the following: if (928)527-1927 or fax (928)527-4		uestions please contact the Landfill	@
•			
NAME OF COMPANY TO BE CHAR	GED:		
ADDRESS:			
		ZIP CODE:	
OFFICE PHONE NUMBER:		FAX:	
NAME OF COMPANY(S) HAULING	:		
JOB SITE SUPERVISOR:		PHONE	
JOB SITE LOCATION:			
TYPE OF DEBRIS TO BE HAULED:			
TRUCK DRIVERS'/DRIVER'S LICE	NSE #:		<u> </u>

Please complete page two, for each hauling company you will use. We will need the Company's name of the hauler, the name of the driver (printed and signed) all license plate numbers of any and all trucks that will be hauling in debris.

If for any reason a truck is not on the hauling list that the Lanfill receives, the driver will not be allowed to charge to the above account, or allowed to dispose of his/her load, without other arrangements being made first. The Landfill will need a completed list before the start of any projects.

HAULER – COMPANY NAME	_
(USE A SEPARATE PAGE FOR EACH HAULER	2)
DRIVER NAMES: PRINT NAME SIG	GNATURE
1	
2	
3	-
4	
5	
6	-
7	
8	
TRUCK AND LICENSE PLATE #'s MAKE TRUCK # LICE	NSE PLATE #
1	-
2	-
3	
4	-
5	-
6	
7	
8	
Company Rep and Title:	_